Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P L. 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

- Que s	
1 File Number U 93/D	2 Fiscal Year Covered From
	1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing	4 Name, file number, and address of labor organization
Name Paul J Rubin	Name UFCW Local 99
	Labor Organization File Number 002-911
P O Box, Bldg , Room No , if any	P O Box, Building and Room Number, if any
Street 3207 E Linden	Street 2401 N Central Ave 2nd Floor
City Tucson	City Phoenix
State Arizona ZIP Code + 4 85716	State Arizona ZIP Code + 4 85004
5 Position in labor organization Secretary Treasurer	
6 Name and address of Employer (including trade name, if any)  Name Southwest Service Administrators  Trade Name, if any	7 a Nature of Interest, Transaction, or Income  12/2004 Holiday Gift Certificate donated back to UFCW Local 99 Charity
P O Box, Bldg , Room No , if any [	7 b Amount
Street 2400 N Dunlap	
City Phoenix	\$78
State Arizona ZIP Code + 4 85021	
Si	gnature
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)	
[/a 0 //u] .	
Signed / dwf / wy	On 8/11/05 520-884-9716  Date Telephone Number